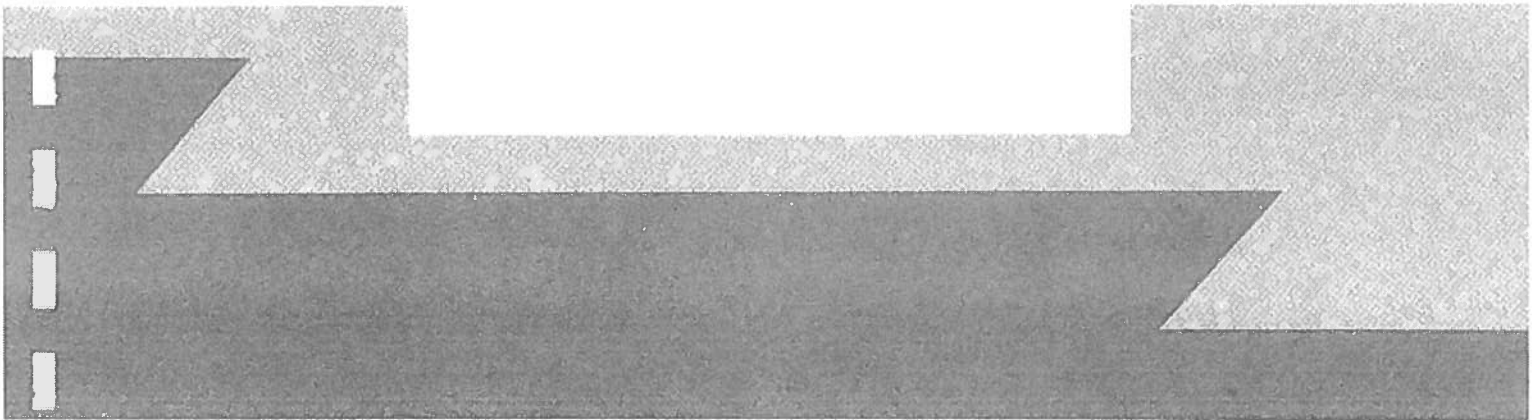




**U.S. Environmental Protection Agency**  
**Contract No. 68-W4-0004**



**RCRA Enforcement, Permitting, and  
Assistance Contract—EPA Zone III**



**Tetra Tech EM Inc.**

RCRA



551128



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**IOWA SCREENING INSPECTION  
BROWN TRAFFIC PRODUCTS, INC.  
EPA ID #IAD051001337  
736 FEDERAL STREET  
DAVENPORT, IOWA 52803**

**Prepared for:**

**U.S. ENVIRONMENTAL PROTECTION AGENCY  
Region 7  
Kansas City, Kansas 66101**

Work Assignment Number	: R07047
EPA Region	: 7
Date Inspected	: January 27, 1998
Date Prepared	: February 27, 1998
Contract Number	: 68-W4-0004
EPA Work Assignment Manager	: Alma Moreno Lahm
Telephone Number	: (913) 551-7380
Prepared By	: Tetra Tech EM Inc.
Tetra Tech Project Manager	: Frank Bryant
Telephone Number	: (913) 495-3911

REC'D MAR 3 1998



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name <i>Brown Trotter Products, Inc.</i>
Facility Address <i>736 Federal Ave Davenport IA 52803</i>

Documents Collected? YES ☒ (list below) NO ☐

Samples Collected? YES ☐ (list below) NO ☒ Split Samples: YES ☐ NO ☐

Documents/Samples were: 1) Received no charge ☐ 2) Borrowed ☐ 3) Purchased ☐

Amount Paid: \$  Method: Cash ☐ Voucher ☐ To Be Billed ☐

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

- Photographs: *Two photographs taken*
- Documents: *- Building layout with tenant names*  
*- List of tenants with contacts and phone numbers*

Facility Representative (print) <i>DAVID SCHICZ</i>	Signature/Date <i>[Signature]</i> <i>1/27/98</i>
Inspector (print) <i>Jack Brunner</i>	Signature/Date <i>[Signature]</i> <i>1/27/98</i>
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
CONFIDENTIALITY NOTICE

Facility Name <i>Bram Tratz Products, Inc.</i>	
Facility Address <i>736 Federal Ave. Davenport, IA</i>	
Inspector (print) <i>Jack Brunner</i>	Title <i>Tetra Tech</i>
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	
Date <i>1/27/98</i>	

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.



U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

Facility Name <i>Brown Trutz Products, Inc.</i>
Facility Address <i>736 Federal St. Deserport IA 52803</i>

If you are not authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

=====

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print) <i>DAVID SCHULTZ</i>	Title <i>PRESIDENT</i>
Signature/Date <i>[Signature]</i>	<i>1/27/98</i>

(rev:1/20/93)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REQUEST FOR CONFIDENTIAL TREATMENT

Facility Name	Brown Tractor Products, Inc.
Facility Address	736 Federal Street Des Moines, IA 52803

Information for which confidential treatment is requested:

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
DAVID SCHILTZ	<i>[Signature]</i> 1/27/98
No confidential treatment claimed during the inspection: <i>[Initials]</i> (Facility Representative's initials)	
Inspector (print)	Signature/Date
Jack Brunner	<i>[Signature]</i> 1/27/98
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	



## RCRA SCREENING INSPECTION CHECKLIST

NOV Issued by EPA Personnel : ( ) Yes (X) No No EPA personnel present

## I. INITIAL INFORMATION

A. Facility Name: Brown Truthtz Products, Inc. EPA I.D. #: IAD 051 001337  
 Address: 736 Federal Street Date/Time: 1-27-98/1530  
Davenport, IA 52803 Phone #: 317/323-0009

B. Activity #: \_\_\_\_\_ Inspector Name/Title: Jack Brunner, - Tetra Tech

C. Initial Drive-By; Obvious Concerns, Observations, or Questions: (X) No ( ) Yes; Describe: \_\_\_\_\_

D. Facility Representatives: \_\_\_\_\_ Titles: \_\_\_\_\_  
David Schiltz President

E. Introduction:  
 (X) Credentials/I.D. ( ) Purpose (X) Authority (Sec 3007 RCRA) ( ) Scope (X) CBI Explanation  
 (X) Collection of Correct and Accurate Information (Sec 1001/1002 U.S.C.)

F. Access Granted: (X) Yes ( ) No; Obtain Name, Time and Reason: \_\_\_\_\_

G. Type of Facility: ( ) Federal ( ) State ( ) County ( ) City (X) Private

H. Obtained GPS Reading: (X) Yes ( ) No

I. Any Previous Contact With Federal/State Environmental Regulators? ( ) No (X) Yes; Describe: Environmental cleanup activities associated with Eagle-Signal (former occupant) operations

J. Description of Facility Operations: \_\_\_\_\_  
 - Brown Truthtz has been on site since 1987; lessor  
 - Prior to 1987 - occupied by Eagle Signal - manufacturing, including plating  
 - Executive offices, assembly, shipping and receiving  
 - Assembly of truthtz signal control boxes and brackets ("low-tech")  
 - Spot painting only (spray paint); only general trash (cardboard, etc.)  
 - ~49 employees; 3rd floor - offices; assembly; 2nd floor - shipping/receiving  
 - Owner of facility is Schiltz Properties - William Schiltz - same address  
 - Several other tenants occupy the building (woodworkers, concert statue manufacturer, warehouse, offices) -- provides list  
 - Used oil (cutting oil) generated when it cannot be reused (<4 gallons/month); not yet disposed of.



**II. WASTE STREAMS**

A. Complete the Top Portion of a Waste Stream Data Sheet for Each Waste Stream.

**III. VISUAL INSPECTION**

A. Complete a Waste Management Area Data Sheet for Each Waste Management Area That is Visually Inspected.

**IV. DETERMINATION OF REGULATORY STATUS**

( ) Conditionally Exempt Small Quantity Generator ( ) Small Quantity Generator ( ) Large Quantity Generator

( ) TSD; Describe: \_\_\_\_\_

(☒) Other; Describe: Non-handler of hazardous waste

**V. WASTE STREAMS**

A. Complete the Bottom Portion of the Data Sheet for Each Waste Stream.

**VI. EXIT BRIEFING**

(☒) CBI Forms Completed (☒) Findings and Observations Summarized for the Facility Officials

NOV Issued: ( ) Yes ( ) No NA

( ) If NOV Issued, Explanation of All Violations Cited and the Need to Respond Within 10 Days

(☒) Explanation That This is a Screening Only, Does Not Cover All Requirements, and that a Full CEI May Be Conducted in the Future

Left Compliance Assistance Information: ( ) No (☒) Yes; Describe: Standard packet

**VII. SIGNIFICANT COMMENTS AND OBSERVATIONS:**

- John Maher, Tetra Tech, also present during the inspection.

VII. Continued:

Inspector:

Title:

Date:

VIII. SCREENING CONCLUSIONS (To Be Completed By EPA Employee Only)☐ Full CEI Not Necessary☐ Unsure Whether Full CEI Is Necessary☐ After Screening, Consulted With Other Team Members; List: \_\_\_\_\_Decision: ☐ Will Do Full CEI ☐ Will Not Do a Full CEI

If a Full CEI is Conducted as a Followup to this Screening, Remember to Include This Completed Checklist As a Report Attachment.

EPA Personnel : \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## WASTE STREAM DATA SHEET

Name of Waste Stream:

Used oil

Generation Process (Detailed):

Cutting oil generated during metal machining and cutting; reused until spent

Waste Generation Amount and Frequency:

~10 gallons / 3 months

Waste Classification by Facility: ( ) Uncertain or Not Done ( ) Non-Hazardous ( ) Hazardous; Codes:

Waste Identification/Determination by: ( ) Process/Product Knowledge ( ) Testing ( ) Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.):

Current Waste Management and Disposal Practices:

Stored on site in a plastic 55-gallon drum located indoors on a concrete floor; not yet shipped off site

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices:

Same

Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal? ( ) No ( ) Yes; Describe

Does Waste Seem to be Properly Classified? ( ) Yes ( ) No; Description of Problem:

Were Photocopies Collected As Documentation? ( ) No ( ) Yes:

## Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result in Real or Potential Harm to the Environment?

<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>  
( ) N/A ( ) No ( ) Unsure ( ) Yes-----> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)

( ) N/A ( ) No ( ) Unsure ( ) Yes-----&gt; CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)

( ) N/A ( ) No ( ) Unsure ( ) Yes-----&gt; CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)

( ) N/A ( ) No ( ) Unsure ( ) Yes-----&gt; CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?

( ) N/A ( ) No ( ) Unsure ( ) Yes-----&gt; CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)

&lt;Significance Based on Type and Amount of Waste, As Well As Time Exceedence&gt;

( ) N/A ( ) No ( ) Unsure ( ) Yes-----&gt; CONDUCT FULL CEI

## WASTE MANAGEMENT AREA DATA SHEET

Name of Waste Management Area: Used Oil Storage AreaType of Area: ( ) Satellite Accumulation ( ☒ ) Container Storage ( ) Tank Storage ( ) Container Treatment  
( ) Tank Treatment ( ) Wastewater Treatment ( ) Elementary Neutralization ( ) Recycling ( ) Other; Describe: \_\_\_\_\_Description of Inventory (Type, Number, Size, Age/Storage Time, Etc.): One partially full, plastic 55-gallon drum located indoors on a concrete floor.Container ConditionYesNoComments

Unlabeled/Improperly Labeled

☒

( )

No label

Open/Poorly Closed

( )

☒

Damaged/Poor Condition

( )

☒

Leaking/Evidence of Past Leaks

( )

☒

Inadequate Aisle Space

( )

( )

NA - Used oil only

Evidence of Incompatibility

( )

( )

General InformationYesNoComments

Is Area Inspected

( )

( )

Security Provided

( )

( )

Appropriate Warning Signs

( )

( )

Spill Control and Safety Equipment

( )

( )

Additional Observations (If Needed): NoneWere Photos Collected As Documentation? ( ) No ( ☒ ) Yes: Photo of used oil drumScreening QuestionAny Evidence of Spills, Releases or Other Situations With Real or Potential Harm to the Environment?  
<Significance Based on Amount and Type of Release, As Well As Potential of Affecting the Surrounding Area>  
( ☒ ) N/A ( ) No ( ) Unsure ( ) Yes ----- > CONDUCT FULL CEI



**BROWN TRAFFIC PRODUCTS, INC.**  
**Davenport, Iowa**



Photo No: 1 Direction Facing: Southeast Photographer: John Maher  
Date: 01/27/98, 1640 Description: 55-gallon drum of used cutting oil.



Photo No: 2 Direction Facing: West Photographer: John Maher  
Date: 01/27/98, 1705 Description: Front of building.





## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII  
726 MINNESOTA AVENUE  
KANSAS CITY, KANSAS 66101

## USED OIL INSPECTION FORM

Company Name	Brown Traffic Products, Inc.	EPA Identification Number	IAD 051 001 337
Address & Zip	736 Federal St. Davenport, IA 52803	Telephone Number	(319) 323-0009
		Fax Number	(319) 323-8256
Company Contact	David Schiltz	Title President	
Investigator	Jack Brunner	Investigation Date	1/27/98
At This Location Since	1987		
Number Of Employees	49		
Facility Size	Unknown		
Business Type	Assembly of traffic signals and control cabinets		
Used Oil Management Activities	- 55-gal drum partially full of used cutting oil - Not sent off site yet.		
1	Describe How Used Oil Filters Are Generated		
	NA (Not applicable)		
2	Used Oil Filter Generation Rate		
	NA		

3	Describe How Used Oil Filters Are Drained & Managed On-site (Obtain Photographic Documentation)
	NA
4	How & Where Are Used Oil Filters Disposed Of? (Obtain Written Documentation)
	NA
5	Amount of Used Oil Filters On-site
	NA
6	List the Processes That Generate Used Oil
	Cutting oil from metal machining
7	Describe How the Used Oil Generated from Each Process Is Managed On-site
	55 gallon plastic drum
8	Used Oil Generation Rate
	~ 10 gallons / 3 months



9	State the Number and Size of Used Oil Storage Containers and Tanks On-site & the Amount of Used Oil in Each Tank and Container
	One 55-gallon drum about 1/2 full
10	State How Each Tank and Container Containing Used Oil Is Labeled
	Not labelled
11	For Each Tank and Container Containing Used Oil That Is Not in Good Condition, Describe the Condition of the Container / Tank (Obtain Photographic Documentation)
	NA - good condition
11a	Describe Any Secondary Containment (Obtain Photographic Documentation)
	Indoors on concrete floor

12	Describe Any Used Oil Spills or Staining Found On-site ( <i>Obtain Photographic Documentation</i> )
	NA
13	Describe Used Oil/hazardous Waste Mixing Activities
	NA
14	Is used oil burned in on-site space heater?
	<i>If So</i> State How Much Used Oil Is Burned per Year, the Design Capacity of the Space Heater, and If the Heater Combustion Gases Are Vented to the Outside
	No





19	State the amount of used oil collected from businesses per month		
	NA		
20	<i>If Used Oil Is Collected from Other Businesses.  Obtain a Copy of the Registration/ Permit/ License/ Authorization from the State / County/ Municipal Government That Allows the Company to Run a Used Oil Collection Center.</i>		
	NA		
	<i>If No Such Documentation Is Available. Please State Such:</i>		
21	<i>If Used Oil Is Collected from Other Businesses,  Are Shipments of Greater than 55 Gallons Accepted?</i>		
	NA		
	<i>If So State the Following for Each Such Business:</i>		
	Business Name	Telephone #	
	Address & Zip	Contact Name	
	Name	Telephone #	
	Address & Zip	Contact Name	
	Name	Telephone #	
	Address & Zip	Contact Name	
	Name	Telephone #	
	Address & Zip	Contact Name	



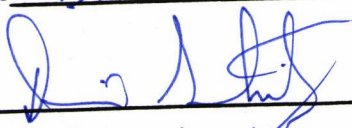


# LIST OF HANDOUTS PROVIDED TO THE FACILITY:

- |   |   |
|---|---|
| 1 | Assistance/Information Handout  |
| 2 | Used Oil Filter Study Summary/Used Oil Filters Management Information |
| 3 | Copy of 40 CFR 261.(b)(13)  |
| 4 | Iowa Waste Reduction Center Pamphlet                                  |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

I have read the above information, which was provided to the investigator. I certify that such information is true, accurate, and complete. I am aware that providing false information to the government is a criminal offense and that I can be fined and or imprisoned for doing so.

Printed Name DAVID SCHILTZ

Signature 

Date 1/27/98



## REGION VII MULTIMEDIA SCREENING CHECKLIST

NA = Not Applicable

(Tetra Tech)

Facility: Brown Traffic Products, Inc. Facility Ownership: Brown Traffic Products, Inc. Inspector: Jack Brunner  
 Address: 736 Federal St. Facility Contact: David Schiltz Primary Media: RCRA  
Davenport, IA 52803 Phone: (319) 323-0009 SIC code: 3449 Date: 1/27/98  
 County: Scott Section: Net Annual Sales Volume at that Location (\$): 5-10 M  
 Township: Range: Number of Employees: 49 Work Schedule/Hrs: Normal

1. Does the facility have permits or registrations in any of the following areas? [F=Federal, S=State, L=Local]  
 ( ) CWA: Pretreatment, NPDES, 404-Wetlands ( ) UIC ( ) UST ( ) PWS ( ) RCRA ( ) TRI ( ) CAA ( ) Other  
 Describe: NA
2. What are the business, manufacturing or service activities at the facility? Assembly of traffic signals and controller cabinets
3. What raw materials and fuels are used by the facility? Cutting oil and lubricating (water soluble) oil
4. Provide brief process description: Assembly of traffic signals and controller cabinets.
5. What major process operations are used? ( ) blending ( ) mixing ( ) reacting ( ) distilling ( ) filtering ( ) separating  
 ( ) formulating ( ) degreasing: water based, halogenated solvent based, non-halogenated solvent based ( ) combustion  
 ( ) coating: water based, solvent based ( ) machining ( ) fabricating ( ) assembly ( ) printing ( ) laboratory analysis  
 ( ) electroplating: chrome ( ) electroless plating ( ) Other NA
6. Provide a general description of the wastes generated by the facility:
- | Waste Stream Name       | Generation Process          | Quantity Per/Month | Final Disposition of Waste | Is Waste Hazardous? |            |            |
|-------------------------|-----------------------------|--------------------|----------------------------|---------------------|------------|------------|
|                         |                             |                    |                            | No                  | Yes        | Don't know |
| <u>Used Cutting Oil</u> | <u>Changing cutting oil</u> | <u>&lt; 4 gal</u>  | <u>Not disposed yet</u>    | <u>(X)</u>          | <u>( )</u> | <u>( )</u> |
|                         |                             |                    |                            | <u>( )</u>          | <u>( )</u> | <u>( )</u> |
|                         |                             |                    |                            | <u>( )</u>          | <u>( )</u> | <u>( )</u> |
|                         |                             |                    |                            | <u>( )</u>          | <u>( )</u> | <u>( )</u> |
|                         |                             |                    |                            | <u>( )</u>          | <u>( )</u> | <u>( )</u> |
7. Description of surrounding area (access to children, public, economic condition): (X) Industrial ( ) Business ( ) Residential ( ) Rural  
 Potential environmental issues: \_\_\_\_\_
- NPDES - National Pollution Discharge Elimination System. PWS - Public Water Supply. UIC - Underground Injection Control. WETLANDS**
- | Where do the facility's wastewaters go? | None       | Treatment  | Municipal Sewer | Septic     | Injection Well | Surface Water | Storm Sewer | Land       |
|---|------------|------------|-----------------|------------|----------------|---------------|-------------|------------|
| (X) Yes Process Wastewaters             | <u>(X)</u> | <u>( )</u> | <u>( )</u>      | <u>( )</u> | <u>( )</u>     | <u>( )</u>    | <u>( )</u>  | <u>( )</u> |
| (P) Permitted Non-Contact Wastewaters   | <u>(X)</u> | <u>( )</u> | <u>( )</u>      | <u>( )</u> | <u>( )</u>     | <u>( )</u>    | <u>( )</u>  | <u>( )</u> |
| (?) Don't know Sanitary Wastewaters     | <u>( )</u> | <u>( )</u> | <u>(X)</u>      | <u>( )</u> | <u>( )</u>     | <u>( )</u>    | <u>( )</u>  | <u>( )</u> |
| Other                                   | <u>(X)</u> | <u>( )</u> | <u>( )</u>      | <u>( )</u> | <u>( )</u>     | <u>( )</u>    | <u>( )</u>  | <u>( )</u> |
- Comments: \_\_\_\_\_
2. Did you observe any wastewater discharges not mentioned above? (X) No ( ) Yes Location of discharge: \_\_\_\_\_  
 Appearance of discharge: \_\_\_\_\_
3. Where does the facility get its: Process water? (X) City/Rural district ( ) Private well ( ) Pond ( ) River ( ) Other \_\_\_\_\_  
 Drinking water? (X) City/Rural district ( ) Private well ( ) Pond ( ) River ( ) Other \_\_\_\_\_
- Is public water source protected by backflow prevention device? ( ) No ( ) Yes (X) Don't know
4. What is the source of drinking water for the area around the facility? (X) Rural/Municipal source ( ) Private well ( ) Don't know
5. Are there any surface water bodies (ponds, streams, lakes, rivers) or temporarily wet areas that have been disturbed (filling, waste disposal, ditching, excavation, damming, dredging, etc.)? (X) No ( ) Yes ( ) Don't know  
 Describe/locate: \_\_\_\_\_

### CAA - CLEAN AIR ACT

1. Are there any non-steam/water vapor, visible smoke or dust emissions? ( ☒ ) No ( ) Yes Source: \_\_\_\_\_ Time: \_\_\_\_\_
2. Are there any fugitive emissions? ( ☒ ) No ( ) Yes Leaving property? ( ) No ( ) Yes Source: \_\_\_\_\_ Time: \_\_\_\_\_
3. In the past 2-3 years, has the facility modified or installed any new air emission points? ( ☒ ) No ( ) Yes  
Describe: \_\_\_\_\_
4. Are the facility's air conditioning, refrigeration, or motor vehicle air conditioning systems: ( ) Self-served? ( ☒ ) Contract Serviced? ( ) Both?  
Do the units contain: ( ☒ ) < 50 lbs. And/or ( ) > 50 lbs. of refrigerant? Service Company Name: Univis

### RCRA - RESOURCE CONSERVATION AND RECOVERY ACT & UST's - UNDERGROUND STORAGE TANKS

1. Does the facility conduct or have any of the following on-site waste management activities? ( ) Treatment ( ) Burning ( ) Landfills  
( ) Surface impoundments ( ) Storage ( ) Recycling - Are recyclables stored more than one year? ( ) No ( ) Yes
2. Is a wastewater sludge generated? ( ☒ ) No ( ) Yes Is it hazardous? ( ) No ( ) Yes ( ) Don't know  
Where does the sludge go? ( ) Hazardous waste disposal site ( ) Off-site landfill ( ) On-site landfill ( ) Land applied
3. Does the facility generate used oil? ( ) No ( ☒ ) Yes Are the containers labeled "Used Oil"? ( ☒ ) No ( ) Yes
4. Did you observe any hazardous waste containers or tanks which were leaking, open, or not labeled? ( ☒ ) No ( ) Yes  
Describe: \_\_\_\_\_
5. Are there any signs of past spills or releases (dead/stressed vegetation, stains, discoloration)? ( ☒ ) No ( ) Yes  
Describe: \_\_\_\_\_
6. Does the facility have any underground storage tanks that contain petroleum products? ( ☒ ) No ( ) Yes
7. Do any of the chemical, industrial, or hazardous waste handling procedures concern you? ( ☒ ) No ( ) Yes  
Describe: \_\_\_\_\_

### TITLE III - EPCRA - EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW ACT & SECTION 5 TSCA - TOXIC SUBSTANCES CONTROL ACT

1. Have Toxic Chemical Release Forms (Form R's) been submitted under Section 313 of EPCRA? ( ☒ ) No ( ) Yes [must have > 10 employees]
2. Have hazardous chemical inventory forms (Tier II forms) ever been submitted under Section 312 to local Emergency Planning Committees or fire department? ( ) Yes ( ☒ ) No If no, describe gross storage volumes, and type of chemicals stored: Fire department inspections  
every 6 months
3. Does the facility import or manufacture a chemical substance? ( ☒ ) No ( ) Yes  
Describe type and intended use: \_\_\_\_\_

### PCB's - POLYCHLORINATED BIPHENYLS & SPCC - SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN

1. Does facility have any equipment in service that contains PCB's at > 500 ppm, that is leaking or not labeled? ( ☒ ) No ( ) Yes ( ) Don't Know
2. Does facility have any equipment in storage that contains PCB's at > 50 ppm, that is leaking or not labeled? ( ☒ ) No ( ) Yes ( ) Don't know
3. Does the facility have above ground tanks that store petroleum, synthetic, animal, fish, or vegetable oil, in a single tank > 660 gallons or tanks with an aggregate volume > 1320 gallons, that are or show evidence of recent leaks into waters of the state? ( ☒ ) No ( ) Yes  
Describe: \_\_\_\_\_

### FIFRA - FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT

1. Does the facility manufacture, repackage, or apply pesticides? ( ☒ ) No - STOP HERE ( ) Yes  
Are rinsates handled in an environmentally sound manner? ( ) No ( ) Yes Describe: \_\_\_\_\_
2. Do workers use personal protective equipment (gloves, long sleeve shirts, coveralls) when mixing/loading? ( ) No ( ) Yes  
Describe: \_\_\_\_\_

Please note any photo's taken to document potential problems.



## CFC: STATIONARY SOURCES 608 SCREENING CHECKLIST

EPA ID # 1AD051001337

DATE: 1/27/98

ACTIVITY #: \_\_\_\_\_

FACILITY: Brown Truitt Products, Inc.INSPECTOR: Jack Brunner - Totu TechADDRESS: 736 Federal StreetOWNER/OPERATOR NAME: SameDavenport, IA 52803CONTACT NAME: David SchiltzTELEPHONE #: 319/323-0009

1. Does facility have refrigeration/AC units containing greater than 50# CFC/HCFCS?

Yes\_\_\_ No\_\_\_ Don't know ☒

2. How does facility determine full charge (Check all that apply):

a. Measure\_\_\_ b. Calculate\_\_\_ c. Manufacturer's info\_\_\_ d. Other Contractor

3. Facility units classification: (Check all that apply)

☐ Commercial (i.e. supermarkets, restaurants, cold storage, typically >75#)☐ Industrial (i.e. chemical, manufacturing industries, industrial ice machines)☒ Comfort cooling☐ Other: Specify \_\_\_\_\_4. Who does service, maintenance and repair of units? In-house\_\_\_ Contracted ☒If contracted: Name Various Phone \_\_\_\_\_

Address \_\_\_\_\_

5. Does the facility have recovery/recycling unit? Yes\_\_\_ No\_\_\_ NA\_\_\_

Type \_\_\_\_\_ Brand \_\_\_\_\_

Model \_\_\_\_\_ Serial number \_\_\_\_\_

a. Is recovery/recycling unit compatible with appliance and refrigerant?

Yes\_\_\_ No\_\_\_

(Check label, get photograph if possible) See labeling requirement @82.158(h).

b. Has facility submitted recovery/recycling equipment certification form to EPA?

Yes\_\_\_ No\_\_\_

c. Does facility have copy of certification?

Yes\_\_\_ No\_\_\_

NA  
↓

EPA ID # D51001 337

SECTION 608 INSPECTION SCREENING CHECKLIST  
Recycling/Recovery and Emissions Reduction Program

1. Date of Inspection: 1/29/98 Time of Inspection 1530
2. Business/Facility Name: Bram Trolitz Products, Inc.
3. Business/Facility Address: 736 Federal Street  
Davenport, IA 52803
4. Telephone: 319 / 323 - 0009
5. Name and Title of Person in Charge: David Trolitz, President
6. Business/Facility Description:


☐ AC Service/Repair Contractor  
☐ Home HVAC ☐ Industrial  
☐ Appliance Service and/or Repair  
☐ Appliance Sales & Distribution  
☐ Equipment, Parts & Supplies  
☐ Other: Describe \_\_\_\_\_

NA  
↓
7. For appliances containing refrigerant, does business/facility:
  - a) service, maintain, and repair ☐ Yes ☐ No
  - b) dispose ☐ Yes ☐ No
  - c) sell ☐ Yes ☐ No
8. If yes to any in number 7, check types of equipment that apply:
  - a) ☐ Household Appliances    b) ☐ Other
9. Are technicians certified by an accredited program?

☐ Yes                      ☐ No                      ☐ No. Certified

## 10. Recovery/Recycling Equipment Information:

a) Is Recovery/Recycling Equipment present? \_\_\_\_Yes \_\_\_\_No

b) Model and Serial Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_11. Inspector Name Jack Brunner - Tetra Tech12. Inspector Signature Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION 609 INSPECTION SCREENING CHECKLIST  
MOTOR VEHICLE AIR CONDITIONING RECOVERY/RECYCLING  
COMPLIANCE PROGRAM**

*EPA ID# 1AD051001337*

Inspector's Name: <i>Jack Brunner - Tetra Tech</i>		Date: <i>1/27/98</i>		Time: <i>1530</i>	
Name of Facility: <i>Brown Tractor Products, Inc.</i>		Phone Number <i>(319) 323-0009</i>			
Facility STREET Address:		Facility MAILING Address:			
City:		City:		State:	
State:		State:		zip code:	
Contact Person & Position		Phone Number ( ) -			
Owner:		Phone Number ( ) -			
<b>FACILITY DESCRIPTION:</b>					
Reg/Natl. Service Chain:			Dealership:		
Independent Shop:			Filling Station:		
Fleet Garage:			Other		
Does Your Business Service Motor Vehicle Air Conditioners:			YES --		NO --
Is Recovery or Recycling Equipment Present?			YES --		NO --
Equipment Label		NONE	UL	ARI	ETL
Are all A/C Technicians Certified by an Accredited Program and Proof of Certification Available on Site:			YES --		NO --
Number of Technicians Certified			#		
Did Inspector Observe A/c Work in Progress?			YES --		NO --
Did Inspector Observe Venting of Refrigerant?			YES --		NO --

COMMENTS:

*Not Applicable*

Facility Representative (print)	Signature/Date
Inspector (print) <i>Jack Brunner - Tetra Tech</i>	Signature/Date <i>[Signature] 1/27/98</i>

	736 FEDERAL STREET	PHONE #	EMERGENCY CONTACT PERSON	EMERGENCY PHONE #	EMERGENCY CONTACT PERSON	EMERGENCY PHONE #
1	<del>AAA QUALITY CLEANING SERVICES</del>	319-322-2058	BRITT NEWMAN		ROBERT PIERCE	
2	A-1 MACHINE & TOOL COMPANY	319-324-7545	SUE LOBDELL		BILL ROGGENKAMP	
4	ADESIGN, INC.	319-322-5443	CINDY BRUHN		RICK REED	
5	ALZHEIMERS ASSOCIATION	319-324-1022	JODI DYEMA			
6	BOYD, THOMAS	319-391-6705	BOYD THOMAS		RON SCHILTZ	
7	BROWN TRAFFIC PRODUCTS	319-323-0009	DAVE SCHILTZ		FRANK WESSLING	
8	CATHILIC MESSENGER	319-323-9959	FRANCIS HENDRICKSON		JOE WALKER	
9	CATO WOODWORKS	319-322-6678	JACK COHEN			
10	CHILD ABUSE COUNCIL					
11	COMPREHENSIVE HEALTH ADMINISTRATION, INC.	319-324-2460	KATHY LAWLER		WILLIAM LANGLY, M.D.	
12	DAVENPORT POSTAL WORKERS UNION					
13	DIGITAL DELAY ELECTRONICS, INC.	319-324-1046	IKE HAMMA		DWAIN MAY	
14	ELECTRONIC TECHNICAL SERVICES, INC.	319-322-3562	KEVIN BAKER		JERRY RALFS	
15	EVAC SYSTEMS	319-322-9915	HARLOD DEFREIZE		ANN HUNTER	
16	FLAHERTY'S INCREDIBLE EDIBLES	319-359-1505	KATHY ALLEN		DENNY/JOY FLAHERTY	
17	GREAT RIVER BEND AREA ON AGING	319-324-9085	SHELLY HUFFAKER		MARVIN WEBB	
18	GREAT WESTERN SUPPLY COMPANY	319-322-6814	BILL BOLTON		COLLIN CARNEY	
19	HELP LEGAL SERVICES	319-322-6216	BOB HEIMER		HOWARD THOMAS	
20	ILLINOIS IOWA INDEPENDANT LIVING CENTER	319-324-1460	MONIQUE ANDERSON			
21	IOWA ART & GLASS/WOOD & STONE SHOP	319-326-5204	LINDA WILLAREDT		MARY JO BLEUER	
22	ISABEL BLOOM	319-324-5135	JEFF GILFILLAN			
23	KIDDIE RIDES INTERNATIONAL	319-326-6467	TOM PAULSON			
24	MARCH OF DIMES	319-323-6378	MISSY GRADY			
26	MISSISSIPPI VALLEY LIQUID SYSTEMS, INC./JNC, LTD.	319-326-4205	LARRY BOUVIER		JEAN JACOBS	
27	MISSISSIPPI VALLEY SALES	319-324-2837	JAN/SYL LUZE			
28	MOSLER, INC.					
29	NATIONAL ENVIRONMENTAL TESTING-MIDWEST	319-323-7944				
30	NECA-QUAD CITY CHAPTER	319-322-5371	STEVEN CHESLEY		MARTHA GARTNER	
31	PGK UNLIMITED	319-324-7157	KEN/PAT YOUNG			
32	PLATT BUSINESS SYSTEMS	319-323-1411	SANDRA LEVSON			
33	REGAN, D.C. CO.	319-322-7734	JACK KEENEY			
34	<del>R.L. POLK &amp; COMPANY 4TH FLOOR, BLDG. 2</del>	319-324-7634	RANDY ROGERS		CHUCK DIXON	
35	SIGN SHOP	319-324-3460	MIKE BRANNON			
36	STOLLEY, PATRICK					
37	TRANS UNION	319-322-5058	SUE KISTLER			
38	USA TODAY	319-383-0173	BETH MCVAY		HOME OFFICE	
39	STANDARD BYKE/RAMPAGE SKATEPARK	319-323-4894	RICK MOLITERNO			
40	<del>BISHOP, DAVE</del>	319-324-0184	DAVE BISHOP			
41	<del>GRAY, JENNY</del>	309-496-9400	JENNY GRAY			
42	<del>LEHMAN, SHIRLEY</del>	309-762-8063	SHIRLEY LEHMAN			

**DAYCO**  
a MARK IV company

**TOM RHODARMER**  
CORPORATE DIRECTOR  
ENVIRONMENTAL AFFAIRS/SAFETY

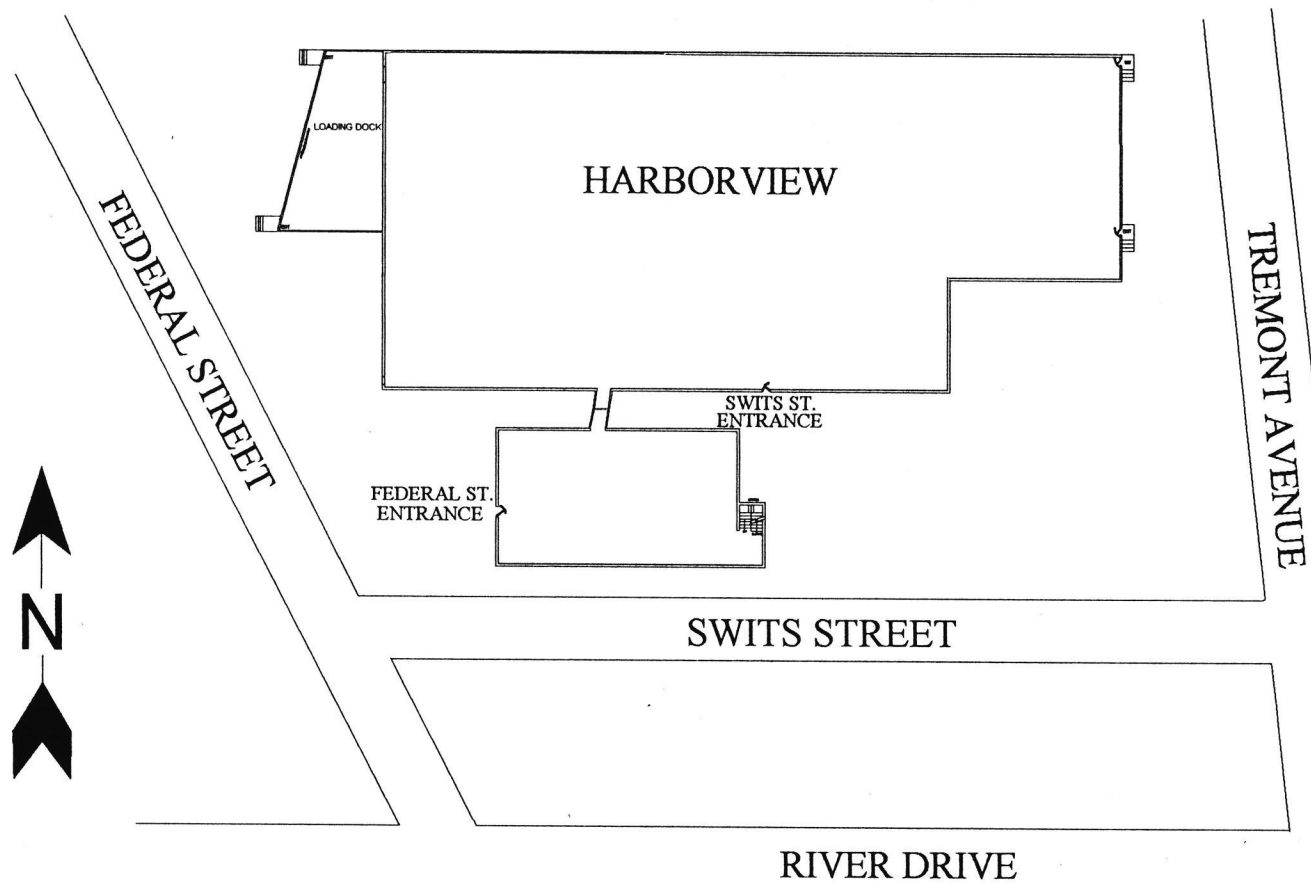
**Corporate Support and Technology Group**

P.O. Box 360  
1300 Balsam Road  
Waynesville, NC 28786

[704] 456-5311  
Fax: [704] 452-1126

*Answer of Eagle Signal*



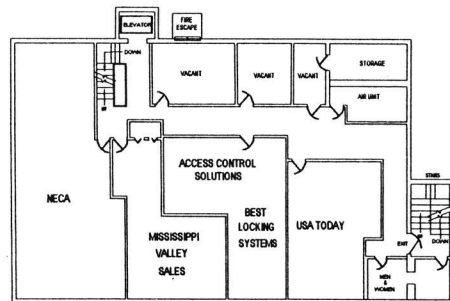
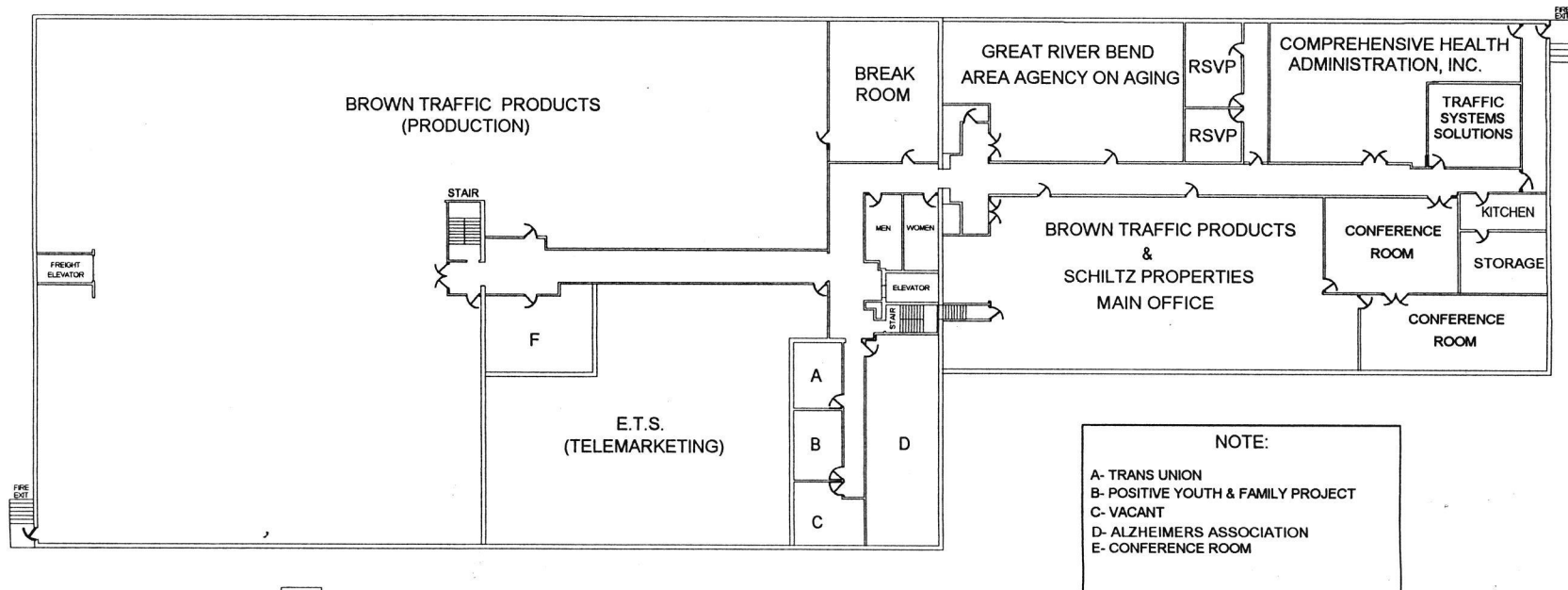




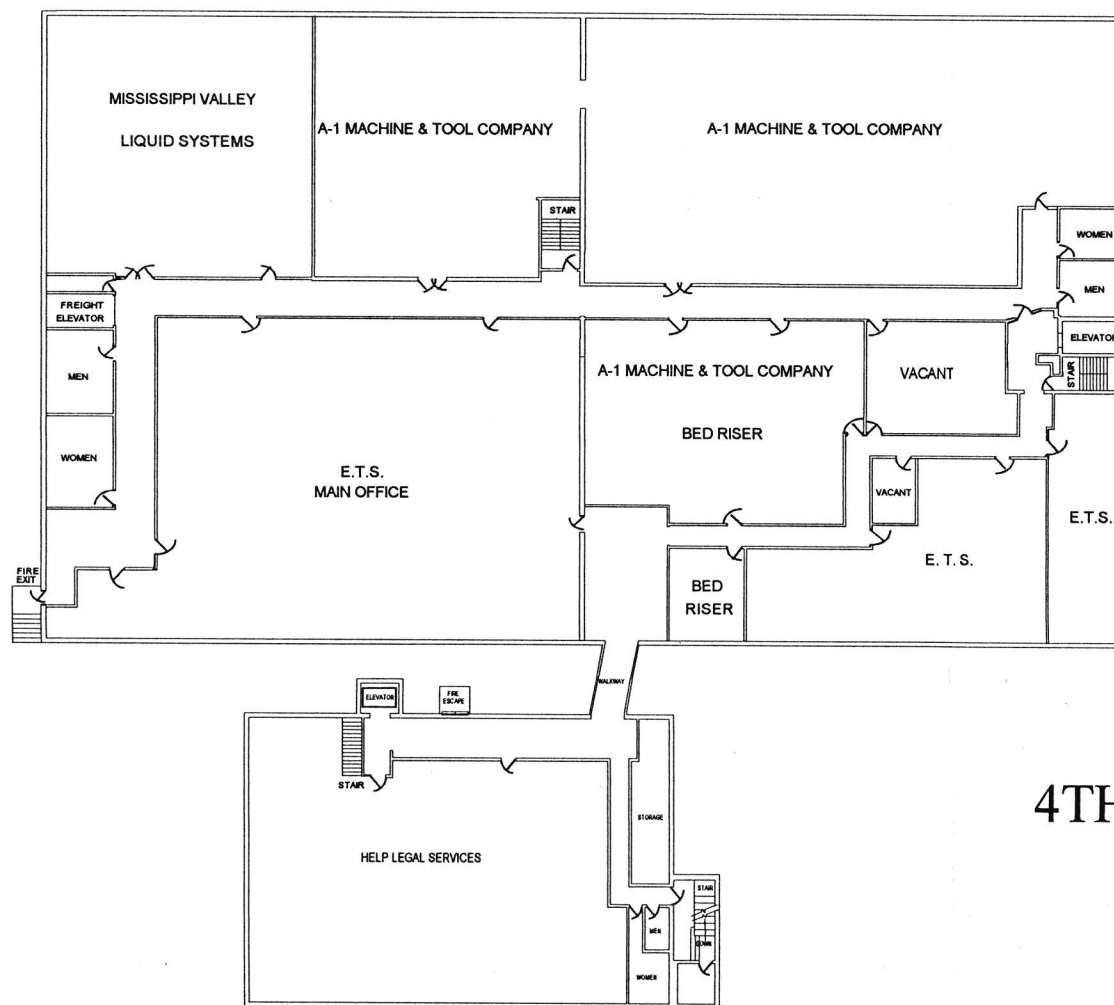


<b>SCHILTZ PROPERTIES</b>	
<b>HARBORVIEW</b>	<b>DATE: 10/14/97</b>
736 FEDERAL STREET	4TH FLOOR
DAVENPORT, IOWA 52803	MAIN BLDG.

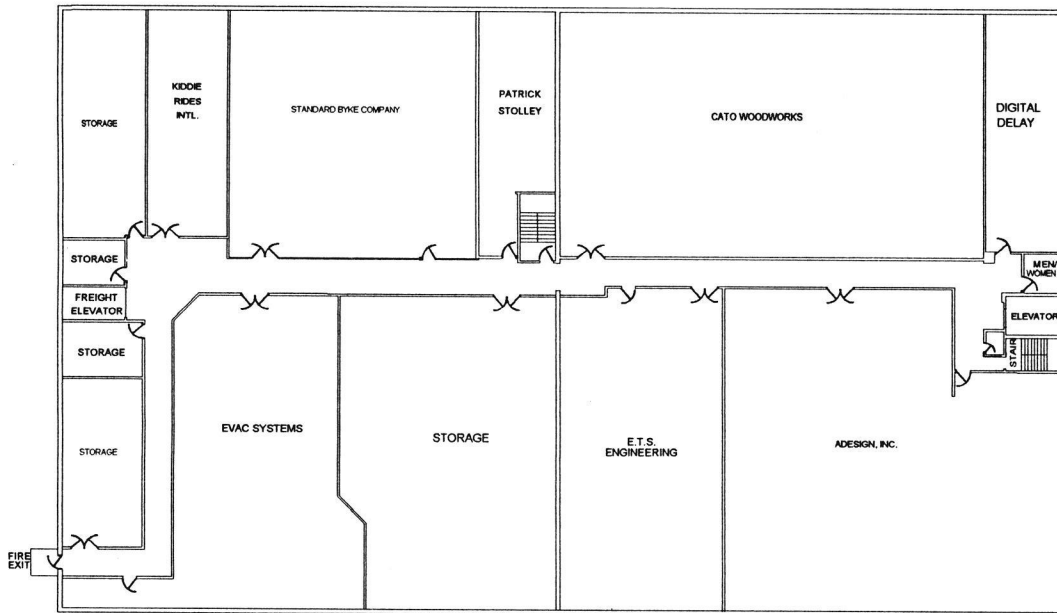




3RD FLOOR



4TH FLOOR



5TH FLOOR